

standing as a medical college, and its diplomas were, therefore, not recognized by the Board as the basis for license. The petitioner set forth that the refusal of recognition was arbitrary, prejudiced and unjust, inasmuch as the President and other members of the Board which determined the standing of the institution were members of the faculties of rival medical colleges, and had, therefore, a personal bias; had made no study of the tenets of the school of practice to which the institution belongs and, consequently, were not competent to judge of and pronounce upon its "standing;" and that the Board had refused to give the faculty of the institution a timely, full and impartial hearing. Other pleas—against the constitutionality of the medical-practice act, against the exercise of judicial functions by the Board in pronouncing upon the "standing" of a medical college, and against the right of the Board to establish and enforce rules and regulations for the conduct of medical schools—were also set up; but these the Court swept aside as matters already adjudicated and subject to further review only by the Supreme Court, to which it was assumed the case would be carried in any event.

The Court seems to have had greater difficulty with the methods of the investigation upon the results of which the Board refused to recognize the institution as "in good standing."

"There is much evidence on this point, pro and con; but it is clearly established from the evidence that the principal part of the investigation was delegated by the Board to a committee of three, only two of whom took part in the investigation, though the third member of the committee signed the report which was made to a full meeting of the Board. This report it seems was mainly the basis of the action of the Board, and was concurred in by the whole Board, which, at the time of the adoption of the report, refused to hear the President of the college with respect to the standing of the college. It fails to appear from the evidence that the college, or the relator, at any time ever had a hearing before the full Board, or ever had any notice to appear before a meeting of the Board for the purpose of a hearing.

"Whether this college was in good standing was a question of fact which it was the duty of the Board to investigate, and the Court says this upon the basis that the Act which I have read is not in contravention of the Constitution. I say it was the duty of the Board to investigate, not by a formal trial, if you please, but on notice to the parties in interest, and before the whole Board. It could not be delegated to a committee."

Then, after further dealing with the constitutionality of that section of the statute which empowers the Board to determine for itself the "good standing" of a legally chartered medical institution, the decision proceeds:

"It therefore seems to the Court that this act does not violate the Constitution in the respect claimed by counsel, but that the Board has gone beyond its power in depriving the relator of a certificate to practice medicine, and in holding that the college is not in good standing, because the Board has proceeded without proper notice to the relator and the col-

lege, and made its decision without that full and fair hearing which justice and right, as well as the law, seem to require."

Nevertheless, the Court—obviously reluctant to break the chain of precedents in favor of the legislative control of medical education and practice—refuses to grant the writ of mandamus on the ground that the Board has the right to prescribe and enforce rules and regulations for the conduct of medical colleges; that in the exercise of this right it has prescribed a certain degree of preliminary education before entrance upon the study of medicine; and that, failing to furnish evidence of such preliminary education, the "relator has not shown a compliance with the rules of the Board, and has not, therefore, established a clear and undoubted right to the writ of mandamus, irrespective of the question as to the good standing of the college. The writ will, therefore, be denied."

Licensing and examining bodies intrusted with these important judicial functions can not be too punctilious in their observance of the forms and procedures of other judicial bodies; and especially is this binding upon boards whose membership embraces those against whom colorable charges of prejudice or self-interest may lie. But it is gratifying to be able to record the discretion with which a learned jurist, while reprobating laches in this regard, preserves intact the spirit and intent of the law and vitalizes its letter by such a decision as that under consideration.

CORRESPONDENCE.

The Status of an Eclectic.

To the Editor:—In a recent number of the JOURNAL (July 14, 1894), a gentleman from Texas asks if a graduate from an eclectic college may be properly elected to membership in a local society affiliated with the AMERICAN MEDICAL ASSOCIATION.

There is nothing either in the Code or the Constitution and By-laws that prohibits such membership. In some, at least, of the subordinate societies, graduates from eclectic schools have been received. Indeed, men who have not received a medical diploma have been honored with offices in local medical societies in affiliation with the AMERICAN MEDICAL ASSOCIATION. It is undoubtedly true that some of these non-graduates, and many of those who have graduated from homeopathic and eclectic institutions, are more worthy of fellowship and membership in medical societies than some graduates of our best schools.

In Art. IV., Sec. 1, of the Code, we read: . . . "No intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability, recognized by this ASSOCIATION, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship," etc. In the next sentence we have a definition by exclusion of the meaning of the word, "regular."

A common sense interpretation of this section and of other portions of the Code, would indicate that ours, being a liberal profession, should deal with such subjects in the

broadest possible manner. He who sanctimoniously draws his cloak around himself as he meets a conscientious and respectable practitioner who did not chance to graduate from the University of Pennsylvania, is certainly no honor to our guild.

It has been my pleasure to be personally acquainted with several good physicians who graduated, by accident, from homeopathic schools. Their practice is not based upon an exclusive dogma. They do make use of the facts even of bacteriology so far as known to them. I should consider myself less honorable should I refuse such men fellowship because in their ignorance they went to a sectarian school.

As I wrote in my article on homeopathy (JOURNAL AMERICAN MEDICAL ASSOCIATION, March 17, 1894): "The obliteration of the homeopathic sect is not secured by ignoring its members. . . . If homeopathy is a delusion, rational medicine will lose nothing by association with homeopaths, while the latter class may thereby be better able to see the truth as it is."

In practice there is nothing to separate the majority of homeopaths from regular physicians. So far as I can find there is absolutely nothing to distinguish the modern eclectic. When cant is thrown aside there is little left for "schools" of medicine to thrive upon.

The exact qualifications for membership are by the law of the Association left largely to the local societies. These regulations vary greatly, and I regret to say they do sometimes exclude all as unworthy, who have not been "baptized" in a particular manner.

On the other hand, he who advertises himself as a sectarian thereby shuts himself out from recognition by a liberal profession. He who decrys the profession and extols his own practice to the exclusion of the information to be received from the science of medicine, is not to be encouraged.

HENRY BIXBY HEMENWAY, M.D.

Value of a Lost Eye.

KNOB VIEW, CRAWFORD CO., MO., July, 1894.

To the Editor:—Would you give me your opinion on the following questions:

1. Is ophthalmia ever the result or effect of malarial exposure, poison, fevers and the like? Does loss of vision sometimes or often result from this cause—especially among soldiers?

2. What is the relative *earning* value of an eye, as compared with a leg or an arm? Would loss of eye equal or approximate loss of arm at elbow or leg at knee?

This information is asked for in the nature of a charity—to assist an old blind soldier to get what clearly appears to be his due.

Respectfully,

CLARK W. HARRINGTON, P.M.

Ophthalmia being only another term for conjunctivitis, we should know what kind of conjunctival inflammation the questioner refers to, in order to give a definite answer. In a general way we may say a simple conjunctivitis is often found in fevers (especially measles and scarlet fever), but it does not impair the vision; granular conjunctivitis, which often affects the sight more or less, is not caused by such diseases as referred to in the above question.

The earning value of an eye depends on various conditions; it is evidently greater if the remaining eye has poor sight than if the remaining eye has good sight; for in the first case its loss would practically be equal to the loss of both eyes. Prof. Zehander has furnished us with a formula by which the earning capacity of the remaining eye (and consequently the earning value of the lost eye) can be appraised for the manifold conditions of sight. The normal sight of an eye being valued at 100, the earning capacity of the remaining eye is $2 + \frac{100 + 0}{3} = 66\frac{2}{3}$ per cent., hence the loss of one eye amounts to $33\frac{1}{3}$ per cent. of the former earning capacity, provided both eyes had full vision. But suppose the vision

of the remaining eye is only four-fifths, its earning capacity would be $2 + \frac{80 + 0}{3} = 53\frac{1}{3}$; hence the lost eye would have an earning value of $46\frac{2}{3}$ per cent., and thus the loss in earning capacity can be estimated under all conditions if in the above formula the degree of vision of the remaining eye is substituted for 100.

SOCIETY NEWS.

The Nicollet County (Minn.) Medical Society held a meeting July 14.

The Central Texas Medical Association held its semi-annual meeting at Waco, Tex., July 10.

The Orleans County (N. Y.) Medical Association at its recent session voted that its members charge clergymen and their families the same for medical services as other persons. A different rule has prevailed.

The Chautauqua Medical Society held its annual meeting July 10 and elected officers for the ensuing year: President, N. G. Richmond; Vice-President, Morris N. Bemus; Secretary and Treasurer, C. A. Ellis.

The Stephenson County (Ill.) Society of Physicians and Surgeons held a meeting July 17 and elected officers for the ensuing year: President, Dr. Buckley; Vice-President, Dr. Thompson; Secretary, Dr. Stoskopf.

The Wayne County (Ind.) Medical Society held its annual meeting at Richmond July 11, and elected officers for the ensuing year: President, J. R. Weish; Vice-President, Dr. Howe; Secretary, G. H. Grant; Treasurer, J. F. Hibberd.

Wyoming County (N. Y.) Medical Society.—The quarterly meeting of the Wyoming County, N.Y., Medical Association was held in Warsaw, July 11. The following officers were elected: President, Dr. M. J. Wilson; Vice-President, Dr. John C. Fisher; Secretary and Treasurer, Dr. A. B. Straight.

Iowa and Central Illinois District Medical Association.—The Iowa and Central Illinois District Medical Association held its regular annual meeting July 19, at Davenport, Iowa. The meeting opened at or about noon, and was attended by a large proportion of the medical men and women of Davenport, and a number of those living and practicing on the Illinois side of the river, with a few visitors from other cities. After the banquet the following program was given:

Address of the President—Dr. G. C. Craig, Rock Island.

Catarrhal Inflammation of the Middle Ear—Dr. C. M. Robertson, Davenport.

Fracture of the Skull with Brain Lesions—Dr. J. R. Hollowbush, Rock Island.

Officers were elected for the ensuing year as follows:

President—Dr. J. P. Crawford.

Vice-President—Dr. C. C. Carter, Rock Island.

Treasurer—Dr. A. W. Cantwell.

Secretary—Dr. G. L. Eyster, Rock Island.

Program Committee—Drs. Allen, of Davenport; Hollowbush, of Rock Island, and Myers, of Moline.

Drs. R. A. Nash, of Tipton and Charles Hunter, of Hampton, Ill., were elected to membership.

PUBLIC HEALTH.

The Memphis Board of Health has sent a communication to the Tennessee State Board of Health, calling for such action as will lead to legislation prohibiting infant and child life insurance within the State, on the ground that the practice leads to criminal negligence of the proper care of children, and is to that extent prejudicial to public health.

Cholera.—Notwithstanding some increase of Asiatic cholera in Europe, which was to be expected as the season advanced, there is nothing in the situation to occa